

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date:: November 15, 2002
Application Type:: Provisional
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: No
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title :: METHODS FOR PREVENTING AND
TREATING CANCER METASTASIS AND
BONE LOSS ASSOCIATED WITH CANCER
METASTASIS
Attorney Docket Number:: 59516-153/PP-19420.001
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency:: No
Contract or Grant No::
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Deborah
Middle Name:: Lee
Family Name:: Zimmerman
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 3841 17th Street
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94114

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gregory
Middle Name:: Martin
Family Name:: Harrowe
Name Suffix::
City of Residence:: Berkley
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1109 Spruce Street

City of mailing address:: Berkley
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94707

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: People's Republic of China
Status:: Full Capacity
Given Name:: Cheng
Middle Name::
Family Name:: Liu
Name Suffix::
City of Residence:: Richmond
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2266 Bristlecone Road
City of mailing address:: Richmond
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94803

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kirston
Middle Name::
Family Name:: Koths

Name Suffix::
City of Residence:: Emeryville
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4560 Horton Street
City of mailing address:: Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94608-2917

Fifth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: Michael
Family Name:: Kavanaugh
Name Suffix::
City of Residence:: Orinda
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 22 Orchard Road
City of mailing address:: Orinda
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94563

Correspondence Information

Correspondence Customer Number ::

Name:: Chiron Coporation
Street of mailing address:: Intellectual Property R338, PO Box 8097
City of mailing address:: Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94662-8097
Phone number:: (510) 655-8730
Fax Number: (510) 655-3542
E-Mail address:: corpcomm@chiron.com

Representative Information

Representative Customer Number::		
----------------------------------	--	--

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

C:\My Documents\Michelle\Forms\PTO Forms\ads.doc